PPH Audit Results

Month \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- | --- | --- |
| Patient Name  MRN # | Del Date  Type of Del  Date of PPH | Blood loss:  EBL/ QBL  Total loss | Did pt receive blood transfusion? | Did Hct drop more than 10 pts | Audit Done? | Incident Report? |
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